

Name
in
Full

Emanuel Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|----------------|----------------------------|---|----------------------------------|-----------------|-------------------|--|
| Died at <i>Snow Hill</i> | | Town <i>Worcester</i> | | County | | MARYLAND | |
| Date of death <i>1903</i> | Month <i>3</i> | Day <i>23</i> | Age <i>84</i> | Years | Months <i>1</i> | Days <i>24/14</i> | |
| Sex <i>Male</i> | | Color or Race <i>white</i> | | Birth-place | | <i>—</i> | |
| Occupation <i>—</i> | | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | | | |
| Father's Name | | | | Father's Birthplace | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| Name of person giving information <i>Stansbury White</i> | | | | How related to deceased <i>—</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Old age</i> | How long <i>—</i> |
| Immediate <i>Debility</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Wm. J. Stearns D.D.</i> |
| | Address <i>Snow Hill</i> |
| Accident or Suicide? | <i>Mal.</i> |

Iron copy

July 29th 1904

L. P. Jones H.O.

Name
in
Full

Dr. George W. Bishop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|----------------------------|---|--|------------------------------------|-----------------|---------------|--|
| Died at <i>Snow Hill</i> | | Town <i>Worcester Co.</i> | | County | | MARYLAND | |
| Date of death <i>1903</i> | Month <i>3</i> | Day <i>6</i> | Age <i>76</i> | Years | Months <i>8</i> | Days <i>6</i> | |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>md</i> | | | | |
| Occupation <i>Retired Physician</i> | | | Where Residing if not at place of death <i>—</i> | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>Peppercab Ellen Rowley</i> | | | | | |
| Father's Name <i>John Bishop</i> | | | | Father's Birthplace <i>md</i> | | | |
| Mother's Maiden Name <i>Wolly Bishop</i> | | | | Mother's Birthplace <i>mds</i> | | | |
| Name of person giving information <i>Dr. Geo. S. Bishop</i> | | | | How related to deceased <i>Son</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Acute dilatation of heart</i> | How long <i>—</i> |
| Immediate <i>Syncope</i> | How long <i>Few minutes</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician |
| | Address <i>Dr. G. S. Jones Snow Hill Md</i> |
| Accident or Suicide? | |

"True copy"

L. P. Jones M.D

July 25 1904

Name
in
Full

Sam'l Thos. Bonnevillie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} near Pocomoke City^{County} WorcesterDate
of death 1903Month
3Day
20Age
41

Months

Days

Sex Male

Color or
Race WhiteBirth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, ~~Single~~
or ~~Widower~~Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden Name

Betsy Kern

Mother's
Birthplace

Md

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Lagripps Bronchitis

How long

10 days

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Sam'l D. Drinn

Address

Pocomoke City

Md

Accident or Suicide?

PHYSICIAN
OR CORONER

True Copy

July 29th 1904

Lo. P. Jones 140,

| | | | | | | | |
|---|----------------------------|--------------------|-------------------|---|-------------------------|----------------------|-------------|
| Name in Full | | John Henry Burbage | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town Snow Hill | County Worcester | | MARYLAND | |
| | Date of death | 1903 | Month 3 | Day 4 | Age 68 | Years 08 | Months — |
| | Sex | Male | | Color or Race | White | | Birth-place |
| | Occupation | Merchant | | Where Residing if not at place of death | | | |
| | Married, Single or Widowed | Single | | Name of Wife or Husband | | | |
| | Father's Name | John Burbage | | | | Father's Birthplace | Me |
| | Mother's Maiden Name | — | | | | Mother's Birthplace | Me |
| Name of person giving information | W. J. Hearn | | | | How related to deceased | Son | |
| <div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | | | How long | | |
| | Pneumonia | | | | 4 days | | |
| | Immediate | | | | How long | | |
| | Edema of Lungs | | | | 1 day | | |
| Are the name, age, sex, color, date and place correctly given above? | | | | Signature of Physician | | | |
| Yes | | | | W. H. Strangew | | | |
| | | | | Address | | | |
| | | | | Snow Hill | | | |
| Accident or Suicide? | | | | | | | |
| | | | | Me | | | |

True copy

July 29 1904

Lo. P. Jones H.O.

| | | | | | | | | |
|---|--|---|--|--|-----------|---------------------------------|-------------|-----------|
| Name in Full | | Charles Boston | | | | CERTIFICATE OF DEATH | | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at Town Pocomoke City | | County Worcester | | MARYLAND | | |
| | | Date of death 1903 | | Month 3 | Day 15 | Age Years — | Months — | Days 1 |
| | | Sex Males | | Color or Race Colored | | Birth- place Md | | |
| | | Occupation — | | Where Residing if not at place of death | | | | |
| | | Married, Single or Widowed | | Name of Wife or Husband — | | | | |
| PHYSICIAN OR CORONER | | Father's Name Charles Boston | | | | Father's Birthplace Md | | |
| | | Mother's Maiden Name Bessie Roach | | | | Mother's Birthplace Md | | |
| | | Name of person giving information — | | | | How related to deceased — | | |
| <div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div> | | | | | | | | |
| PHYSICIAN OR CORONER | | Primary Premature birth | | | | How long — | | |
| | | Immediate — | | | | How long — | | |
| | | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician S. S. Quinn | | | | |
| | | Accident or Suicide? | | Address Pocomoke City Md | | | | |

True copy July 25th 1904
L. P. Jones M.D.

| Name in Full | | Lolinton Lorington Davis | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|---|--------------------------|----------------------------------|--------------|--|----------------------|-----------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Stockton</i> | | Town | | <i>Worcester</i> | | County |
| | Date of death <i>1903</i> | | Month <i>3</i> | Day <i>6</i> | Age <i>—</i> | Years <i>—</i> | Months <i>6</i> |
| | Sex <i>male</i> | | Color or Race <i>white</i> | | Birth-place <i>Ind</i> | | |
| | Occupation <i>—</i> | | | | Where Residing if not at place of death <i>—</i> | | |
| | Married, Single or Widowed | | Name of Wife or Husband <i>—</i> | | | | |
| | Father's Name <i>Thomas P. Davis</i> | | | | Father's Birthplace <i>Ind</i> | | |
| | Mother's Maiden Name <i>Minnie J. Scott</i> | | | | Mother's Birthplace <i>Ind</i> | | |
| | Name of person giving information <i>—</i> | | | | How related to deceased <i>—</i> | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary <i>Membranous Laryngitis</i> | | | | How long <i>24 hours</i> | | |
| | Immediate <i>Asphyxiated</i> | | | | How long <i>—</i> | | |
| | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | | | Signature of Physician <i>J. W. Dickerson</i> | | |
| | | | | | Address <i>Stockton Ind</i> | | |
| | Accident or Suicide? <i>8</i> | | | | | | |

True copy

L. P. Jones M.D.

July 25 1904

Name
in
Full

Ludovic Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | | |
|---------------------------------------|----------------------|------------------------------------|---------------|---|----|-----|-------------------------|-----------|--------|---|------|---|
| Died at ^{Town} <i>Berlin</i> | | ^{County} <i>Worcester</i> | | MARYLAND | | | | | | | | |
| Date of death | 1903 | Month | 3 | Day | 16 | Age | Years | 62 | Months | — | Days | — |
| Sex | <i>Male</i> | | Color or Race | <i>White</i> | | | Birth-place | <i>md</i> | | | | |
| Occupation | — | | | Where Residing if not at place of death | | | | | | | | |
| Married, Single or Widowed | Widowed | | | Name of Wife or Husband | | | | | | | | |
| Father's Name | <i>Charles Davis</i> | | | | | | Father's Birthplace | <i>md</i> | | | | |
| Mother's Maiden Name | — | | | | | | Mother's Birthplace | <i>md</i> | | | | |
| Name of person giving information | <i>Sidney Davis</i> | | | | | | How related to deceased | — | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|------------------------|---------------------|
| Primary | <i>Heart Disease</i> | How long | — |
| Immediate | <i>Immediate</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>Dr. W. P. H.</i> |
| | | Address | <i>Berlin</i> |
| Accident or Suicide? | | | <i>md</i> |

True Copy

July 29th 1904

Lo. P. Jones H.O.

Name
in
Full

Edwin Dixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|----------------|----------------------------|--|-------------------------|-----------------|----------------|--|
| Died at <i>Snow Hill</i> | | Town <i>Morristown</i> | | County <i>Maryland</i> | | MARYLAND | |
| Date of death <i>1903</i> | Month <i>3</i> | Day <i>20</i> | Age <i>74</i> | Years | Months <i>6</i> | Days <i>15</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>MD</i> | | | |
| Occupation <i>Brick Mason</i> | | | Where Residing if not at place of death <i>—</i> | | | | |
| Married, Single <i>X</i> Widowed | | Name of Wife or Husband | | | | | |
| Father's Name <i>—</i> | | | | Father's Birthplace | | | |
| Mother's Maiden Name <i>—</i> | | | | Mother's Birthplace | | | |
| Name of person giving information <i>—</i> | | | | How related to deceased | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Consumption</i> | How long <i>2 years</i> |
| Immediate <i>Heart failure</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Paul Jones</i> |
| | Address <i>Snow Hill MD</i> |
| Accident or Suicide? <i>8</i> | |

Iron copy

July 29th 1904

Lo. P. Jones 240.

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| Name in Full | | Edmund B. Dukes | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at ^{Town} <i>Taylorville</i> | | ^{County} <i>Worcester</i> | | MARYLAND | |
| | | Date of death ^{Month} <i>1903</i> ^{Day} <i>3</i> ^{Years} <i>20</i> | | ^{Age} <i>—</i> | | ^{Months} <i>4</i> ^{Days} <i>—</i> | |
| | | Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Ind</i> | |
| | | Occupation <i>—</i> | | Where Residing if not at place of death <i>—</i> | | | |
| | | Married, Single or Widowed | | Name of Wife or Husband <i>—</i> | | | |
| | | Father's Name <i>Harry Dukes</i> | | Father's Birthplace <i>Ind</i> | | | |
| Mother's Maiden Name <i>Lavinia Short</i> | | Mother's Birthplace <i>Ind</i> | | | | | |
| Name of person giving information <i>M. H. Short</i> | | How related to deceased <i>—</i> | | | | | |
| <div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div> | | | | | | | |
| PHYSICIAN OR CORONER | | Primary <i>Broncho-pneumonia</i> | | How long <i>8 days</i> | | | |
| | | Immediate <i>—</i> | | How long <i>—</i> | | | |
| | | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>C. W. Dickinson</i> | | | |
| | | | | Address <i>Berlin</i> | | | |
| | | Accident or Suicide? <i>Ind</i> | | | | | |

True copy

July 29th 1904

L. P. Jones St. O.

| | | | | | | | |
|--|--|---|--|----------------------------|--|----------------------|--|
| Name in Full Frank Hodgrey | | Town Bishopville | | County Worcester | | CERTIFICATE OF DEATH | |
| Died Mar | | Month 3 | | Day 28 | | MARYLAND | |
| Date of death 1903 | | Month 3 | | Day 28 | | Years 14 | |
| Sex Male | | Color or Race White | | Birth-place Ind | | Months — | |
| Occupation — | | Where Residing if not at place of death — | | | | | |
| Married, Single or Widowed Widowed | | Name of Wife or Husband — | | | | | |
| Father's Name John Hodgrey | | Father's Birthplace Ind | | | | | |
| Mother's Maiden Name Maria Isham | | Mother's Birthplace — | | | | | |
| Name of person giving information — | | How related to deceased — | | | | | |
| CAUSES OF DEATH | | | | | | | |
| Primary Typhoid Fever | | How long 6 weeks | | | | | |
| Immediate — | | How long — | | | | | |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician R. P. Collins | | | | | |
| | | Address Bishopville | | | | | |
| Accident or Suicide? 8 | | Ind | | | | | |

True copy

July 28 1904

L. P. Jones

Name
in
Full

No Name

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|-----------------------|-----|---|-------|----------|------|
| Died at | | Town <i>Sydney</i> | | County <i>Worcester</i> | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1903 | | 3 | 27 | | — | — | 16 |
| Sex | | Color or Race | | Birth-place | | | |
| — | | <i>White</i> | | | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| — | | | | | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| <i>Widowed</i> | | | | | | | |
| Father's Name | | | | Father's Birthplace | | | |
| <i>John Gray</i> | | | | <i>Ma</i> | | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| — | | | | — | | | |
| Name of person giving information | | | | How related to deceased | | | |
| — | | | | — | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|------------------------|--|
| Primary | | How long | |
| <i>Mal-formation of Heart</i> | | <i>2 weeks</i> | |
| Immediate | | How long | |
| — | | — | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | <i>Geo. W. Pitts</i> | |
| | | Address | |
| | | <i>Berlin</i> | |
| | | <i>Ma</i> | |
| Accident or Suicide? | | | |
| | | | |

True copy

July 29th 1904

L. P. Jones 140

Name
in
Full

Richard Harmon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Mar Wesley^{County} WorcesterDate
of death 1903Month
3Day
16Age Years
72Months
—Days
—

Sex Male

Color or
Race

Colored

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Richard Harmon

Father's
Birthplace

Md

Mother's
Maiden NameMother's
BirthplaceName of person giving
Information

Ephraim Br. M'Intosh

How related
to deceased

CAUSES OF DEATH

Primary

Dropsy

How long

2 Years

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Reported by J. E. Wiser M.D.

Address

Bertie

Accident or Suicide?

Md

Iron leavy

July 29th 1904

L. P. Jones 240,

Name
in
Full

Lary Hattie's

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|----------------|------------------------------|--|----------------------------------|-----------------|----------------|--|
| Died at <i>Bishopville</i> | | Town <i>Bishopville</i> | | County <i>Worcester</i> | | MARYLAND | |
| Date of death <i>1903</i> | Month <i>3</i> | Day <i>20</i> | Age <i>—</i> | Years <i>—</i> | Months <i>—</i> | Days <i>18</i> | |
| Sex <i>Male</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Ind</i> | | | |
| Occupation <i>—</i> | | | Where Residing if not at place of death <i>—</i> | | | | |
| Married, Single or Widowed <i>Widowed</i> | | | Name of Wife or Husband <i>—</i> | | | | |
| Father's Name <i>Lary Hattie</i> | | | | Father's Birthplace <i>Ind</i> | | | |
| Mother's Maiden Name <i>Emma Jones</i> | | | | Mother's Birthplace <i>Ind</i> | | | |
| Name of person giving information <i>George Corropper</i> | | | | How related to deceased <i>—</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Premature Birth</i> | How long <i>—</i> |
| Immediate <i>—</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>R. P. Collins</i> |
| | Address <i>Bishopville</i> |
| | <i>Ind</i> |
| Accident or Suicide? | |

True copy

July 29th 1904

Chas. B. Jones M.D.

Name
in
Full

Richard L. Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|----------------|------------------------------------|--|----------------|-----------------------|----------------|
| Died at <i>Snow Hill</i> ^{Town} | | | <i>Worcester</i> ^{County} | | | MARYLAND | |
| Date of death <i>1903</i> | | Month <i>3</i> | Day <i>27</i> | Age <i>6</i> | Years <i>6</i> | Months <i>2</i> | Days <i>17</i> |
| Sex <i>male</i> | | | Color or Race <i>white</i> | | | Birth-place <i>md</i> | |
| Occupation <i>—</i> | | | | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed <i>—</i> | | | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>Richard L. Howard</i> | | | | Father's Birthplace <i>md</i> | | | |
| Mother's Maiden Name <i>A. Book Howard</i> | | | | Mother's Birthplace <i>md</i> | | | |
| Name of person giving information <i>—</i> | | | | How related to deceased <i>—</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Pneumonia</i> | How long <i>—</i> |
| Immediate <i>—</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>W. D. Strangh</i> |
| | Address <i>Snow Hill</i> |
| | <i>md</i> |
| Accident or Suicide? <i>—</i> | |

True copy

July 29th 1904

to, P. Jones 140,

Name
in
FullMary
~~Harvey~~ Horsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|-------------------------------|--|--|--------------------------------|------------------------------|
| Died at <u>Pocomoke City</u> <small>Town</small> | | <u>Worcester</u> <small>County</small> | | MARYLAND | |
| Date of death <u>1903</u> | <u>3</u> <small>Month</small> | <u>—</u> <small>Day</small> | Age <u>—</u> <small>Years</small> | <u>—</u> <small>Months</small> | <u>—</u> <small>Days</small> |
| Sex <u>Female</u> | Color or Race <u>colored</u> | | Birth-place <u>md</u> | | |
| Occupation <u>—</u> | | | Where Residing if not at place of death <u>—</u> | | |
| Married, Single or <u>Widowed</u> | | Name of Wife or Husband <u>—</u> | | | |
| Father's Name <u>Levin Horsey</u> | | | Father's Birthplace <u>md</u> | | |
| Mother's Maiden Name <u>—</u> | | | Mother's Birthplace <u>—</u> | | |
| Name of person giving information <u>—</u> | | | How related to deceased <u>—</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <u>Longgestras Fever</u> | How long <u>few hours</u> |
| Immediate <u>Paralysis</u> | How long <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>A. W. Willis</u> |
| <u>8</u> Accident or Suicide? | Address <u>Pocomoke City</u> |
| | <u>md</u> |

True copy

July 28- 1904

Chas. P. Jones MD

Name
in
Full

No name

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|-------------|------------------------------------|-------------------------|----------------|-----------|
| Died at <i>Berlin</i> ^{Town} | | <i>Worcester</i> ^{County} | | MARYLAND | |
| Date of death | <i>1903</i> | Month | <i>3</i> | Day | <i>17</i> |
| Age | | Years | | Months | Days |
| <i>17</i> | | <i>—</i> | | <i>—</i> | <i>10</i> |
| Sex | <i>Male</i> | | Color or Race | <i>Colored</i> | |
| Occupation | | | Birth-place | <i>Ind</i> | |
| Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | |
| <i>—</i> | | | <i>—</i> | | |
| Father's Name | | | Father's Birthplace | | |
| <i>Frank Hudson</i> | | | <i>Ind</i> | | |
| Mother's Maiden Name | | | Mother's Birthplace | | |
| <i>—</i> | | | <i>—</i> | | |
| Name of person giving information | | | How related to deceased | | |
| <i>—</i> | | | <i>—</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|----------|---------------------------------|----------|
| Primary | <i>—</i> | How long | <i>—</i> |
| Immediate | <i>—</i> | How long | <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| <i>—</i> | | <i>Reported by Dr. J. Evans</i> | |
| | | Address | |
| | | <i>400 Ave. A.B.</i> | |
| Accident or Suicide? | | <i>Berlin Ind</i> | |

True copy

July 29th 1904

La. P. Jones 140,

Name
in
Full

No Name

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Near BirdWorcester

Date

Month

Day

Years

Months

Days

of death 1903

3

26

Age

—

7

—

Sex

male

Color or
Race

white

Birth-
place

Md

Occupation

—

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

—

Father's
Name

George W. Livingston

Father's
Birthplace

Md

Mother's
Maiden Name

Mary E. Shookley

Mother's
Birthplace

Md

Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Pneumonia

How long

1 week

Immediate

—

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Reported by Thomas

Address

St. Mitch

Accident or Suicide?

Satisfactory Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

True Copy

July 29.th 1904

L. P. Jones 170

| | | | | | | | |
|--------------------------------------|---|--------------|----------------------|--|----------------------------|----------------------|-----------------|
| Name in Full | | James Payton | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town Alms house | | County Worcester | | MARYLAND |
| | Date of death | 1903 | Month 3 | Day 4 | Age 88 | Years | Months — |
| | Sex | Male | | Color or Race | White | | Birth- place |
| | Occupation | | | Where Residing if not at place of death | | | |
| | Married, Single or Widowed | | | Name of Wife or Husband | | | |
| | Father's Name | | | Father's Birthplace | | | |
| | Mother's Maiden Name | | | Mother's Birthplace | | | |
| Name of person giving Information | | | Dr. J. H. Hearn F.R. | | How related to deceased | | Mother |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | | | How long | | |
| | Pneumonia | | | | 2 weeks | | |
| | Immediate | | | | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? | | | | Yes | | |
| | | | | Signature of Physician | | | |
| | | | | Address | | | |
| | | | | Paul Jones | | | |
| | | | | Snow Hill | | | |
| Accident or Suicide? | | | | Mnd | | | |

True copy

July 29ⁿ 1904

L. P. Jones & Co.

Name
in
Full

Sallio E. Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|----------------------------|---|--|--|------------------|----------------|--|
| Died at <u>Snow Hill</u> | | Town <u>Worcester</u> | | County | | MARYLAND | |
| Date of death <u>1903</u> | Month <u>3</u> | Day <u>20</u> | Age <u>56</u> | Years | Months <u>10</u> | Days <u>29</u> | |
| Sex <u>Female</u> | Color or Race <u>white</u> | | Birth-place <u>N.J.</u> | | | | |
| Occupation <u>Housewife</u> | | | Where Residing if not at place of death <u>—</u> | | | | |
| Married, <u>Single</u> or <u>Widowed</u> | | Name of Wife or Husband <u>Gadok Powell</u> | | | | | |
| Father's Name <u>Thomas Paynter</u> | | | | Father's Birthplace <u>N.J.</u> | | | |
| Mother's Maiden Name <u>Mary R. Smith</u> | | | | Mother's Birthplace <u>N.J.</u> | | | |
| Name of person giving information <u>Gadok Powell</u> | | | | How related to deceased <u>Husband</u> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|---------------------------|------------------------|------------------------|
| Primary | <u>Carcinoma of Liver</u> | How long | <u>—</u> |
| Immediate | <u>—</u> | How long | <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | | Signature of Physician | <u>W. B. Stranglin</u> |
| | | Address | <u>Snow Hill Md</u> |
| Accident or Suicide? | | | |

True copy

July 29th 1904

C. P. Jones & Co.

Name
in
Full

Eloise Purmello

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--------------------------------------|--------|-------------------|------------------|--|----|----------------------------|------|
| Died at | | Town Snow Hill | | County Worcester | | MARYLAND | |
| Date of death | 1903 | Month 3 | Day 17 | Age Years | 18 | Months | Days |
| Sex | Female | | Color or Race | white | | Birth- place | Ind |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| Father's Name | | | | Oscar W. Purmello | | Father's Birthplace | |
| Mother's Maiden Name | | | | Emma J. Purmello | | Mother's Birthplace | |
| Name of person giving information | | | | Oscar W. Purmello | | How related to deceased | |
| | | | | | | Father | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|----------------------------|---------------------------|---------|
| Primary | Appendicitis + Peritonitis | How long | 5 days |
| Immediate | Rapid inflammation | How long | 8 hours |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | Paul Jones | |
| | | Address | |
| | | Snow Hill | |
| | | Ind | |
| Accident or Suicide? | | | |

Iron copy

July 29th 1904

Le. P. Jones 240,

Name
in
Full

Mary S. Purvess

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ocean City

Town

Worcester

County

MARYLAND

Date
of death 1903

Month 3

Day 13

Age 60

Years

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

New

Occupation

Domestic

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Angina Pectoris

How long

1/2 hour

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. Baggett
Ocean City
Md

Accident or Suicide?

PHYSICIAN
OR CORONER

True copy

July 29th 1904

to P. Jones H.O.

Name
in
Full

Thomas J. Pussey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *in Worcester*

Town

County

Date

of death *1903*

Month

3

Day

22

Years

Age

56

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Ind*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, ~~Single~~
or ~~Widowed~~Name of Wife or
HusbandFather's
NameFather's
Birthplace*Ind*Mother's
Maiden NameMother's
Birthplace*Ind*Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Bright's disease

How long

6. weeks

Immediate

Gen. Exhaustion & Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*H. N. Willis*

Address

*Rockville City**Ind*

Accident or Suicide?

True copy

July 25 1904

L. P. Jones MD

Name
in
Full

E. Frances Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Pocomoke City^{County} Worcester

Date

of death 1903

Month

3

Day

7

Years

Age

27

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or ~~Widowed~~Name of Wife or
Husband

George E. Richardson

Father's
Name

George E. Richardson

Father's
Birthplace

Md

Mother's
Maiden Name

Hester Pilchard

Mother's
Birthplace

Md

Name of person giving
information

-

How related
to deceased

CAUSES OF DEATH

Primary

Apoplexy

How long

Not at all

Immediate

Paralysis

How long

-

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

S. S. Quinn

Address

Pocomoke City

Md

Accident or Suicide?

True Copy

July 29th 1904

L. P. Jones H.O.

Name
in
Full

No Name

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Pocomoke City*

Town

Worcester

County

Date
of death *1903*Month
*3*Day
24

Age

Years
—Months
—Days
*5*Sex *Male*Color or
Race*Colored*Birth-
place*Md*Occupation
—Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Samuel D. Schoolfield*Father's
Birthplace*Md*Mother's
Maiden Name*Hattie Johnson*Mother's
Birthplace*Ma*Name of person giving
Information*Samuel Schoolfield*How related
to deceased*Father*

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Reported S. D. Schoolfield*

Address

*Pocomoke City**Md*

Accident or Suicide?

True Copy July 29th 1904
L. P. Jones & O

Name
in
Full

Annie Selby

CERTIFICATE OF DEATH

Town

County

Died at Near Snow Hill

Worcester

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

3

10

Age

75-

-

-

Sex

Female

Color or
Race

Colored

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Jacob Selby

Father's
Birthplace

Md

Mother's
Maiden NameMother's
BirthplaceName of person giving
information

Harriet Richardson

How related
to deceased

-

CAUSES OF DEATH

Primary

Old age

How long

10

Immediate

Lagrippe

How long

-

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Report by W. D. Williams

Address

P.O. Snow Hill

Accident or Suicide?

Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

2

Draw copy

July 29th 1904

Lo. P. Jones HQ,

Name
in
Full

Sarah Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | |
|-------------------------------------|--|---------------------|-------------------------------------|---|--|-------------------------|--|--------|
| Died at ^{Town} near Wesley | | | ^{County} Worcester | | | MARYLAND | | |
| Date of death 1903 | | Month 3 | Day 8 | Age 64 | | Months — | | Days — |
| Sex Female | | Color or Race White | | Birth-place Ind | | | | |
| Occupation Housewife | | | | Where Residing if not at place of death — | | | | |
| Married, Single or Widowed | | | Name of Wife or Husband Jas. Taylor | | | | | |
| Father's Name — | | | | | | Father's Birthplace | | |
| Mother's Maiden Name — | | | | | | Mother's Birthplace | | |
| Name of person giving Information | | | | | | How related to deceased | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary | | How long | |
| Heath Failure | | | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician Reported by Mrs. | |
| Yes | | Address Robert Peters | |
| | | Wesley Ind | |
| Accident or Suicide? | | | |

True copy

July 29th 1904

L. P. Jones & Co.

Name
in
Full

Irene Truitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|----------------|--------------------------------|--|----------------------------------|-----------------|---------------|--|
| Died at <i>near Pocomoke City</i> | | | County <i>Worcester</i> | | | MARYLAND | |
| Date of death <i>1903</i> | Month <i>3</i> | Day <i>14</i> | Age <i>1</i> | Years <i>1</i> | Months <i>3</i> | Days <i>—</i> | |
| Sex <i>Female</i> | | Color or Race <i>Caucasian</i> | | Birth-place <i>md</i> | | | |
| Occupation <i>—</i> | | | Where Residing if not at place of death <i>—</i> | | | | |
| Married, Single or Widowed <i>—</i> | | | Name of Wife or Husband <i>—</i> | | | | |
| Father's Name <i>John Truitt</i> | | | | Father's Birthplace <i>md</i> | | | |
| Mother's Maiden Name <i>Stella Collins</i> | | | | Mother's Birthplace <i>md</i> | | | |
| Name of person giving information <i>—</i> | | | | How related to deceased <i>—</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Whooping Cough</i> | How long <i>2 weeks</i> |
| Immediate <i>Cerebral Malarial Fever</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Sam. J. Quinn</i> |
| | Address <i>Pocomoke City md</i> |
| Accident or Suicide? <i>—</i> | |

True copy

July 25 1904

L. P. Jones

Name
in
Full

William W Vincent

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------|------------------------------------|--|---------------------------|---------------|
| Died at <i>Snow Hill</i> ^{Town} | | <i>Worcester</i> ^{County} | | MARYLAND | |
| Date of death <i>1903</i> | Month <i>3</i> | Day <i>31</i> | Age <i>74</i> | Months <i>6</i> | Days <i>6</i> |
| Sex <i>male</i> | | Color or Race <i>white</i> | | Birth-place <i>Delmar</i> | |
| Occupation <i>merchant</i> | | | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>Nathaniel Vincent</i> | | | Father's Birthplace <i>Del</i> | | |
| Mother's Maiden Name <i>Margaret Hurst</i> | | | Mother's Birthplace <i>—</i> | | |
| Name of person giving information <i>W W Vincent</i> | | | How related to deceased <i>Brother</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Heart break down of vital organs</i> | How long <i>1 Year</i> |
| Immediate <i>Heart failure due to above</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>W. D. Stranghish</i> |
| | Address <i>Snow Hill Md</i> |
| Accident or Suicide? <i>8</i> | |

True copy

July 29th 1904

L. P. Jones & Co

Emma ~~Collins~~ Williams

CERTIFICATE OF L

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

| | | | | | |
|--|----------------------------|---|--|--------|-----------------|
| Died at <i>Campbelltown</i> | | Town <i>Worcester</i> | | County | |
| Date of death <i>1903</i> | Month <i>3</i> | Day <i>1</i> | Age <i>42</i> | Years | Months <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>—</i> | | |
| Occupation <i>House work</i> | | | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widow | | Name of Wife or Husband <i>J. P. Williams</i> | | | |
| Father's Name <i>Jacob Powell</i> | | | Father's Birthplace <i>Mo</i> | | |
| Mother's Maiden Name <i>Elizabeth Smack</i> | | | Mother's Birthplace <i>Mo</i> | | |
| Name of person giving information | | | How related to deceased | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Consumption</i> | How long <i>3 months</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Reported by Paymaster</i> |
| | Address <i>Watson</i> |
| | <i>Selbyville, Del.</i> |
| Accident or Suicide? | |

True copy

July 29th 1904

L. P. Jones & Co.